17

JOEL TENNYSON JACKSON
RUTH MAE JACKSON
51 HERMES Circle
SACRAMENTO, CA 95823

(916)868-2855

Debtors/Plaintiff in Pro Per

FILED
SEP 21 2016
UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF CALIFORNIA

UNITED STATES BANKRUPTCY COURT

EASTERN DISTRICT OF CALIFORNIA

Adv. 16-2198

IN RE: JOEL TENNYSON JACKSON RUTH MAE JACKSON, DEBTORS.	Case No.: 12-33201-A-7
	CHAPTER 7
	ADVERSARY PROCEDURE CASE NO.: ______________________
JOEL TENNYSON JACKSON RUTH MAE JACKSON, Plaintiffs, vs. NAVIENT CORPORATION and Does 1 through 10, Defendants.	COMPLAINT TO DETERMINE NON-DISCHAREABILITY OF STUDENT LOANS

JURISDICTION AND VENUE

COMES NOW, JOEL TENNYSON JACKSON and RUTH MAE JACKSON, in Pro Per, Plaintiffs, for their complaint against the Defendants, NAVIENT, Defendants, and alleges as follows:

(1) On July 17, 2012 the Debtors filed a voluntary

1

Petition under Chapter 7 of the Bankruptcy Code, case Number: 12-33201-A-7. In the United States Bankruptcy Court Eastern District of California.

(2) This Court has subject matter jurisdiction over this Proceeding pursuant to 28 U. S. C. Section 1334(b) and local Rule________ of the United States Bankruptcy Court Eastern District of California.

(3) This is a core proceeding over which this court has Jurisdiction under Title 28 U. S. C. Section 527 (b) (2) (1)).

PARTIES

(4) The Plaintiffs are natural persons presently residing In the City of Sacramento, County of Sacramento, State of California and are Debtors associated with the above entitled bankruptcy case.

(5) The Defendant Navient Corporation is a U. S. Corporation based in Wilmington, Delaware who service and collect student loan debt.

FACTS

(6) The Plaintiffs became indebted to the Defendant on or About July 17, 2007 to finance student loan for the benefit of their daughter, Tiffany Randolph. The current amount owed for the student loan is $92,160.03 as of August 01, 2016 (Loan ID 8944 $75,247.12. and Loan ID 8951 $16,912.87) **(See Exhibit #1).**

(7) The Plaintiffs are uncertain who owns or is in Physical possession of the promissory note(s) evidencing the student loan debt.

(8) The Plaintiff, Joel T. Jackson, is currently unemployed and receive unemployment benefits in the amount of $1,916.00 monthly. The Child Support Services of the state of Louisiana currently garnish $458.00 of the Plaintiff's unemployment benefits for a child support obligation, leaving the Plaintiff $1,458.00 monthly. Plaintiff, Ruth M. Jackson, is employed with the City of Sacramento and earns gross income of approximately $2,993.58 monthly. Plaintiff, Ruth Jackson, net monthly income is approximately $1,571.23. The total monthly net household income is $3,029.23 **(See Exhibit #2)**.

(9) The Plaintiff's monthly household expenses total $3,290.00 leaving no disposal income **(See Exhibit #3)**. The recommended payment to the Defendant to maintain and payoff the student loan in $893.41 (This figure monthly depending on the principle balance, interest, penalties and fees) monthly. The Plaintiffs do not have any monthly disposal income to pay the monthly amount due on the loan. The interest rate, penalties and fees on the loan is more than 10.00 percent, which with the Plaintiff's would not be able to pay the monthly interest rate on the student loan **(Exhibit #4)**. This would mean that the

Plaintiffs would never be able to pay off the principle debt or the monthly interest. And, the principle would continuously increase every month. And, as the principle increase every month so will the interest rate and fees and penalties.

(10) This is an adversary proceeding to determine the Dis-chargeability of a debt.

(11) Pursuant to the Brunner test (*Brunner, 831 F.2d at 396)*, the plaintiffs have established the three (3) elements which qualify them for the undue hardship exception. First, the Debtors have established that they cannot, based on their current income and expenses, maintain a "minimal" standard living for themselves if they are forced to repay the student loans; Second, that the student loan increase in principle, interest and fees are likely to persist for a significant portion of the repayment period of the student loan, which means the Plaintiffs will never be able to pay off the student loans during their life time; Third, that the Debtors have made a good faith effort to repay the loans and have not been able to work out a repayment plan feasible based on their income, because of the increase in monthly payments they are getting further and further behind.

(12) The Plaintiffs asset that their debt for educational loans

Incurred July 17, 2007 should be discharged because repayment would constitute an undue hardship within the meaning of 11 U. S. C. Section 523(a) (8).

WHEREFORE, Plaintiffs pray as follows:

That the Court might order

(a)that all or designated portions of their student loan debt incurred July 17, 2007 is discharged in the Plaintiffs' Chapter 7 Bankruptcy case.

(b) That the holders of said student loans is forbidden to attempt collection of any amounts determined to be non-dischargeable other than by sending regular monthly statements that contain no threats of legal or other action for nonpayment;

(c) Issue such other orders deemed just by this Court.

Dated: 20 Sept., 2016. Joel T. Jackson
JOEL T. JACKSON, Plaintiff/ Debtor

Dated: Sept. 20, 2016 Ruth M. Jackson
RUTH M. JACKSON, Plaintiff/ Co-Debtor

EXHIBIT #1

$626.81

NAVIENT

Please see the back of this statement for important information about account terms relating to payments, credit reporting, and how to contact us.

RUTH M RANDOLPH

1-2

Billing Summary

Account Number : 9086695471
Loan Group Number : 5029-3507-0273-8944
Billing Period : **07/11/16** to **08/10/16**

Activity Summary	
Previous Statement Balance	$91,368.49
Accrued Interest + Fees Assessed (+)	$791.54
Payments Since Last Bill (-)	$0.00
Current Balance	$92,160.03

Payment Information	
Past Due Amount (Pay Now)	**$1,786.95**
Late Fee for Past Due Amount	$23.93
Pay Past Due Amount by this Date to Avoid Late Fee	08/20/16
Current Amount Due	**$893.41**
Current Amount Due Date	09/05/16
Pay Current + Past Due Amount by this Date to Avoid Additional Late Fee	09/20/16
Unpaid Fees	**$47.71**
Total Payment Due (Past Due Amount + Current Amount Due + Unpaid Fees)	**$2,728.07**

Loan Information as of 08/10/16

Current Balance						Total Payment Due			
Loan ID	Approved Loan Amount	Unpaid Principal	Interest Rate (F/V)	Unpaid Interest and Unpaid Fees	Current Balance	Current Amount Due	Past Due Amount	Unpaid Fees	Total Payment Due
8944	$31,950.00	$73,983.76	10.000V	$1,263.40	$75,247.16	$714.72	$1,429.55	$30.00	$2,174.27
8951	$7,455.00	$16,618.12	10.000V	$294.75	$16,912.87	$178.69	$357.40	$17.71	$553.80
Subtotals	$39,405.00	$90,601.88		$1,558.15	$92,160.03	$893.41	$1,786.95	$47.71	$2,728.07

1009 0001 DYH 001 7 10 160810 0 D PAGE 1 of 3 1 0 9406 0700 L085 4145

NAVIENT

Loan Group Number	Due Date	Current Amount Due	Past Due Amount	Unpaid Fees	Total Payment Due	Amount Enclosed
5029350702738944	09/05/16	$893.41	$1,786.95	$47.71	$2,728.07	

Make checks payable to Navient

(U.S. Currency only - Do not send cash)

Defendants

NAVIENT
P. O. BOX 9000
WILKES-BARRE PA 18773-9000

RUTH M RANDOLPH
51 HERMES CIR
SACRAMENTO CA 95823-4091

I108
4145

3 5029350702738944 4 0000893410001786950000047710000272807 7 7

EXHIBIT #2

Fill in this information to identify your case:

Debtor 1	JOEL TENNYSON JACKSON		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	RUTH MAE JACKSON		
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: Eastern District of California

Case number (If known) 12-33201-A-7

Check if this is:

☐ An amended filing

☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. **Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	☐ Employed ☑ Not employed	☑ Employed ☐ Not employed
Occupation	Unemployed	Police Clerk
Employer's name		City of Sacramento
Employer's address	Number Street City State ZIP Code	915 I Street Number Street City Hall Sacramento CA 95814 City State ZIP Code
How long employed there?	1 year	1 year

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write $0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

		For Debtor 1	For Debtor 2 or non-filing spouse
2. **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	$ 0.00	$ 2,993.58
3. **Estimate and list monthly overtime pay.**	3.	+ $ 0.00	+ $ 0.00
4. **Calculate gross income.** Add line 2 + line 3.	4.	$ 0.00	$ 2,993.58

Debtor 1 JOEL TENNYSON JACKSON (First Name / Middle Name / Last Name)   Case number (if known) 12-33201-A-7

		For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here .... ➔	4.	$ 0.00	$ 2,993.58	
5. **List all payroll deductions:**				
5a. **Tax, Medicare, and Social Security deductions**	5a.	$ 0.00	$ 620.44	
5b. **Mandatory contributions for retirement plans**	5b.	$ 0.00	$ 181.42	
5c. **Voluntary contributions for retirement plans**	5c.	$ 0.00	$ 60.00	
5d. **Required repayments of retirement fund loans**	5d.	$ 0.00	$ 0.00	
5e. **Insurance**	5e.	$ 0.00	$ 0.00	
5f. **Domestic support obligations**	5f.	$ 0.00	$ 138.62	
5g. **Union dues**	5g.	$ 0.00	$ 38.20	
5h. **Other deductions.** Specify: Medical/vision/dental	5h.	+ $ 0.00	+ $ 383.67	
6. **Add the payroll deductions.** Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	$ 0.00	$ 1,422.35	
7. **Calculate total monthly take-home pay.** Subtract line 6 from line 4.	7.	$ 0.00	$ 1,571.23	
8. **List all other income regularly received:**				
8a. **Net income from rental property and from operating a business, profession, or farm** Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	$ 0.00	$ 0.00	
8b. **Interest and dividends**	8b.	$ 0.00	$ 0.00	
8c. **Family support payments that you, a non-filing spouse, or a dependent regularly receive** Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	$ 0.00	$ 0.00	
8d. **Unemployment compensation**	8d.	$ 1,916.00	$ 0.00	
8e. **Social Security**	8e.	$ 0.00	$ 0.00	
8f. **Other government assistance that you regularly receive** Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Child Support	8f.	$ 0.00	$ 0.00	
8g. **Pension or retirement income**	8g.	$ 0.00	$ 0.00	
8h. **Other monthly income.** Specify:	8h.	+ $ 0.00	+ $ 0.00	
9. **Add all other income.** Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	$ 1,916.00	$ 1,571.23	
10. **Calculate monthly income.** Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	$ 1,916.00 +	$ 1,571.23 =	$ 3,487.23

11. **State all other regular contributions to the expenses that you list in *Schedule J*.**
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in *Schedule J*.
Specify: Child Support   11. + $ 458.00

12. **Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income. Write that amount on the *Summary of Your Assets and Liabilities and Certain Statistical Information,* if it applies   12. $ 3,029.23
Combined monthly income

13. **Do you expect an increase or decrease within the year after you file this form?**
☑ No.
☐ Yes. Explain:

City of Sacramento
City Hall, 915 I Street
Sacramento, CA 95814

Pay Group:	SAC-All non safety and 9/80
Pay Begin Date:	07/09/2016
Pay End Date:	07/22/2016

Business Unit:	SACTO
Advice #:	**000000002005304**
Advice Date:	08/02/2016

Ruth M. Jackson
51 Hermes Circle
Sacramento, CA 95823

Employee ID:	0017163
Department:	11001151-Patrol North
Location:	William J. Kinney Fac (Sbstn)
Job Title:	Police Clerk II
Pay Rate:	$1,496.79 Biweekly

TAX DATA:	Federal	CA Stat
Marital Status:	Single	S/M-2 in
Allowances:	0	(
Addl. Percent:		
Addl. Amount:	25.00	25.0

HOURS AND EARNINGS

Description	Pay Period Begin Date	Pay Period End Date	Current Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings
Regular			18.709901	72.00	1,347.12	1,118.00	20,469.51
CompTimeAc			18.709901	1.50	28.06	19.50	358.00
Notary					15.00		225.00
Retro NSP	06/11/2016	06/24/2016			-34.29		-34.29
RetrOffset	06/11/2016	06/24/2016			34.29		34.29
Sick			18.709901	8.00	149.68	25.00	463.64
CompTime					0.00	37.00	675.39
AddlFlexCr					0.00		445.77
HolApayoff					0.00	4.67	85.24
Holiday					0.00	64.00	1,171.88
Jury Duty					0.00	4.00	73.01
Vacation					0.00	32.00	584.12
TOTAL:				**81.50**	**1,511.80**	**1,304.17**	**24,193.56**

TAXES

Description	Current	YTD
Fed Withholdng	162.91	2,940.9
Fed MED/EE	16.74	311.1
Fed OASDI/EE	71.60	1,330.41
CA Withholdng	48.58	628.8
CA OASDI/EE	10.39	193.1
TOTAL:	**310.22**	**5,404.5**

BEFORE-TAX DEDUCTIONS

Description	Current	YTD
Sutter Health Plus	194.42	388.84
Dental Coverage	48.83	431.89
Vision Coverage	5.70	63.14
457 Deferred Compensation	30.00	500.00
Flex Spending Acct-Med/Dental	17.30	276.95
CalPERS Misc - 70002	90.71	1,574.53
TOTAL:	**386.96**	**3,235.35**

AFTER-TAX DEDUCTIONS

Description	Current	YTD
Local 39 Dues	19.10	280.39
Aflac Insurance	69.31	762.41
Prepaid Legal Basic	7.22	79.42
TOTAL:	**95.63**	**1,122.22**

EMPLOYER PAID BENEFITS

Description	Current	YTD
Sutter Health Plus	589.79	5,288.5
Basic Life Insurance	0.60	9.0
CalPERS Misc ER - 70002	249.08	3,732.0

***TAXABLE**

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,511.80	1,124.84	310.22	482.59	718.9
YTD	24,193.56	20,958.21	5,404.50	4,357.57	14,431.4

NET PAY DISTRIBUTION

	Account Type	Account Number	Deposit Amount
Advice #000000002005304	Checking	000884469450	718.99
TOTAL:			**718.99**

MESSAGE:

City of Sacramento City Hall, 915 I Street Sacramento, CA 95814	Pay Group: SAC-All non safety and 9/80 Pay Begin Date: 07/23/2016 Pay End Date: 08/05/2016	Business Unit: SACTO Advice #: **000000002009470** Advice Date: 08/16/2016

Ruth M. Jackson 51 Hermes Circle Sacramento, CA 95823	Employee ID: 0017163 Department: 11001151-Patrol North Location: William J. Kinney Fac (Sbstn) Job Title: Police Clerk II Pay Rate: $1,496.79 Biweekly	

TAX DATA:	Federal	CA Stat
Marital Status:	Single	S/M-2 in
Allowances:	0	(
Addl. Percent:		
Addl. Amount:	25.00	25.0(

HOURS AND EARNINGS

Description	Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings
Sick	18.709901	8.00	149.68	33.00	613.32
Vacation	18.709901	32.00	598.72	64.00	1,182.84
Notary Incentive Certificate			15.00		240.00
Regular	18.709901	40.00	748.40	1,158.00	21,217.91
CompTime Accrued			0.00	19.50	358.00
Comp Time			0.00	37.00	675.39
Flex Credit - Add Flat Amount			0.00		445.77
Holiday Credit Accrued Payoff			0.00	4.67	85.24
Holiday			0.00	64.00	1,171.88
Jury Duty			0.00	4.00	73.01
Retro Not Subject to PERS			0.00		-34.29
Retro Offset Earnings			0.00		34.29
TOTAL:		**80.00**	**1,511.80**	**1,384.17**	**25,705.36**

TAXES

Description	Current	YTD
Fed Withholdng	157.76	3,098.7(
Fed MED/EE	16.25	327.3
Fed OASDI/EE	69.47	1,399.8
CA Withholdng	47.07	675.9(
CA OASDI/EE	10.40	203.5
TOTAL:	**300.95**	**5,705.4**

BEFORE-TAX DEDUCTIONS

Description	Current	YTD
Sutter Health Plus	194.42	583.26
Dental Coverage	48.83	480.72
Vision Coverage	5.70	68.84
457 Deferred Compensation	30.00	530.00
Flex Spending Acct-Med/Dental	17.31	294.26
CalPERS Misc - 70002	90.71	1,665.24
Deduction Payback	34.29	34.29
TOTAL:	**421.26**	**3,656.61**

AFTER-TAX DEDUCTIONS

Description	Current	YTD
Local 39 Dues	19.10	299.49
Aflac Insurance	69.31	831.72
Prepaid Legal Basic	7.22	86.64
TOTAL:	**95.63**	**1,217.85**

EMPLOYER PAID BENEFITS

Description	Current	YTD
Sutter Health Plus	458.00	5,746.5
Basic Life Insurance	0.60	9.6(
CalPERS Misc ER - 70002	249.08	3,981.1
***TAXABLE**		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,511.80	1,090.54	300.95	516.89	693.9(
YTD	25,705.36	22,048.75	5,705.45	4,874.46	15,125.4

NET PAY DISTRIBUTION

	Account Type	Account Number	Deposit Amount
Advice #000000002009470	Checking	000884469450	693.96
TOTAL:			**693.96**

MESSAGE:

3497 2679-1 C23645
STATEMENT OF BENEFITS
TEXAS WORKFORCE COMMISSION
PO BOX 149346
AUSTIN TX 78714-9346

3204159100349701O3

Statement of Wages and Potential Benefit Amounts

Regular Unemployment Benefits:
Date Mailed: June 8, 2016
(All dates are in month/day/year order)

JOEL T JACKSON
51 HERMES CIR
SACRAMENTO CA 95823-4091

Social Security Number: XXX-XX-9919

Dear JOEL T JACKSON

Check **your** records! TWC has the wages below on file for you for the four quarters of your base period. We use your base period wages to figure out whether you earned enough money to qualify for unemployment insurance benefits and how much you could receive if you are eligible. After TWC looks at whether you earned enough money to qualify, TWC looks at the reason you are no longer working to decide whether you can receive benefits. **Remember, even if you earned enough wages, TWC pays benefits only if you meet the weekly requirements.**

Please check the wage information carefully. If the employer name or the wage amount is incorrect, or if an employer you worked for is missing, please contact a TWC Tele-Center immediately. More information about correcting your wages is on the back of this form.

Based on the wages listed in the box below:

[X] You earned enough in your base period to receive unemployment benefits, if you are otherwise eligible.

[ ] You did not earn enough in your base period to qualify for benefits.

EMPLOYER NAME	ST	YOUR CLAIM IS BASED ON THESE WAGES				TOTALS
		Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	
TRANSOCEAN DEEPWATER INC	TX	26,602.62	20,591.94	24,894.50	23,530.14	95,619.20
TOTALS		$26,602.62	$20,591.94	$24,894.50	$23,530.14	$95,619.20

* You will receive a separate notice explaining why we did not use these wages.

- The maximum weekly benefit amount in Texas this year is $ 479. Based on the wages above, your weekly benefit amount is $ 479.
- The maximum amount you could receive during your benefit year is $ 12454.
- Your benefit year is the 52 weeks from 06-05-16 to 06-03-17.
- Keep in mind your benefits may run out before the benefit year ends.

See the back of this page for more information.

Claim ID.:	06-05-16
TWC Telephone No.:	(800)939-6631
FOR HEARING IMPAIRED CLIENTS	
Relay Texas TDD No.:	1-800-735-2989
Voice No.:	1-800-735-2988

BM100E 12/12/07

EXHIBIT #3

Fill in this information to identify your case:

Debtor 1 JOEL TENNYSON JACKSON
First Name Middle Name Last Name

Debtor 2 RUTH MAE JACKSON
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of California

Case number ____________________
(If known)

Check if this is:

☐ An amended filing
☐ A supplement showing postpetition chapter 13 expenses as of the following date:
____
MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. **Is this a joint case?**

☐ No. Go to line 2.
☑ Yes. **Does Debtor 2 live in a separate household?**

☑ No
☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2.*

2. **Do you have dependents?**

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☑ No
☐ Yes. Fill out this information for each dependent..........................

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
		☐ No ☐ Yes
		☐ No ☐ Yes
		☐ No ☐ Yes
		☐ No ☐ Yes
		☐ No ☐ Yes

3. **Do your expenses include expenses of people other than yourself and your dependents?**

☑ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

		Your expenses
4. **The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.	4.	$ 698.00
If not included in line 4:		
4a. Real estate taxes	4a.	$ 0.00
4b. Property, homeowner's, or renter's insurance	4b.	$ 0.00
4c. Home maintenance, repair, and upkeep expenses	4c.	$ 50.00
4d. Homeowner's association or condominium dues	4d.	$ 0.00

Debtor 1 JOEL TENNYSON JACKSON
First Name Middle Name Last Name

Case number (if known)

		Your expenses
5. **Additional mortgage payments for your residence**, such as home equity loans	5.	$ 0.00
6. **Utilities:**		
6a. Electricity, heat, natural gas	6a.	$ 141.00
6b. Water, sewer, garbage collection	6b.	$ 195.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	$ 241.00
6d. Other. Specify:	6d.	$ 0.00
7. **Food and housekeeping supplies**	7.	$ 400.00
8. **Childcare and children's education costs**	8.	$ 0.00
9. **Clothing, laundry, and dry cleaning**	9.	$ 30.00
10. **Personal care products and services**	10.	$ 75.00
11. **Medical and dental expenses**	11.	$ 38.00
12. **Transportation.** Include gas, maintenance, bus or train fare. Do not include car payments.	12.	$ 475.00
13. **Entertainment, clubs, recreation, newspapers, magazines, and books**	13.	$ 65.00
14. **Charitable contributions and religious donations**	14.	$ 280.00
15. **Insurance.** Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	$ 47.00
15b. Health insurance	15b.	$ 0.00
15c. Vehicle insurance	15c.	$ 255.00
15d. Other insurance. Specify:	15d.	$ 0.00
16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	$ 0.00
17. **Installment or lease payments:**		
17a. Car payments for Vehicle 1	17a.	$ 0.00
17b. Car payments for Vehicle 2	17b.	$ 0.00
17c. Other. Specify: Credit Card payments	17c.	$ 300.00
17d. Other. Specify:	17d.	$ 0.00
18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, *Schedule I, Your Income* (Official Form 106I).**	18.	$ 0.00
19. **Other payments you make to support others who do not live with you.** Specify:	19.	$ 0.00
20. **Other real property expenses not included in lines 4 or 5 of this form or on *Schedule I: Your Income.***		
20a. Mortgages on other property	20a.	$ 0.00
20b. Real estate taxes	20b.	$ 0.00
20c. Property, homeowner's, or renter's insurance	20c.	$ 0.00
20d. Maintenance, repair, and upkeep expenses	20d.	$ 0.00
20e. Homeowner's association or condominium dues	20e.	$ 0.00

Debtor 1 JOEL TENNYSON JACKSON
First Name Middle Name Last Name

Case number *(if known)*

21.	**Other.** Specify: ______	21.	+$ 0.00
22.	**Calculate your monthly expenses.**		
	22a. Add lines 4 through 21.	22a.	$ 3,290.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	$ 0.00
	22c. Add line 22a and 22b. The result is your monthly expenses.	22c.	$ 3,290.00
23.	**Calculate your monthly net income.**		
23a.	Copy line 12 (*your combined monthly income*) from *Schedule I.*	23a.	$ 3,029.23
23b.	Copy your monthly expenses from line 22c above.	23b.	−$ 3,290.00
23c.	Subtract your monthly expenses from your monthly income. The result is your *monthly net income*.	23c.	$ -260.77

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.
☐ Yes. Explain here: